

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A. 561 Office of Registrar of Vital Statistics. Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 2/22/87

Full Name of Deceased, Mrs. Minnie Trout { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Female { Cross out the word not required in this line. }

Age, 60 Years, — Months, — Days.

Color, White

Married, Single, Widow or Widower { Cross out the words not required in this line. }

Occupation, —

Birth Place, Germany { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 33 years

Place of Death, 514 E. Hill Ave { Give Street and Number. }

Cause of Death, Diabetes Mellitus
Cardiac skasm
one year
{ First (Primary), Second (Immediate). }

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Loge Cemetery

Date of Burial, 24 Jan

Undertaker, Geo. A. Southwick

Place of Business, 120 N. Green St. Address, 601 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

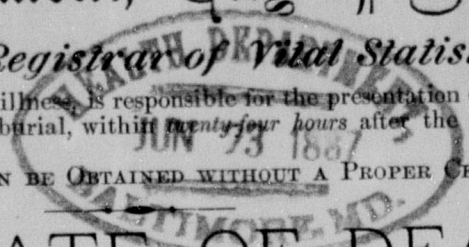
HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Health Department, City of Baltimore.

Permit No. A 562 Office of Registrar of Vital Statistics. Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within ~~twenty-four~~ twenty hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



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CERTIFICATE OF DEATH.

Date of Death, June 22 - 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Josia G. Furlong

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 44 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Laborer

Birth Place, { State or country, and how long in the United States, if of foreign birth. } New Jersey

Duration of Residence in the City of Baltimore, 37 years

Place of Death, { Give Street and Number. } Union Prot Infirmary

Cause of Death, { First (Primary), Second (Immediate), } Consumption

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, W.D. National Cemetery, Frederick Road,

Date of Burial, June 24th 1887

{ Undertaker, John S. Moscher Medical Attendant, C. Furcett M. D.

{ Place of Business, Paca & Condo Address, 550 Moscher St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

Health Department, City of Baltimore.

Permit No. A 563 Office of Registrar of Vital Statistics. Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 22nd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ida B. Benner

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 4 Years, 4 Months, 10 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto Calip

Duration of Residence in the City of Baltimore, lifetime

Place of Death, { Give Street and Number. } 179 Octus 2d Paca St

Cause of Death, { First (Primary), Second (Immediate), } Heart
Cerebral Meningitis

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, June 24th 1887

{ Undertaker, John S. Macker } L. E. Clayton M. D. Medical Attendant.

{ Place of Business, Paca & Camden } Address, 36 S. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No.

A 564

Office of Registrar of Vital Statistics.

Ward

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The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death,

June 22nd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary Coleman
female

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 73 Years,

Months,

Days.

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Widow ✓

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Ireland

Duration of Residence in the City of Baltimore,

35 years

Place of Death, { Give Street and Number. }

1731 Hope st

Cause of Death, { First (Primary), Second (Immediate), }

Paralysis of Heart

Duration of Last Sickness,

2 hours

All the above information should be furnished by the Physician.

Place of Burial,

Pikesville Balto Co Md

Date of Burial,

June 23^d

M B Billingsley M. D.
Medical Attendant.

Undertaker,

H. C. Wiedefeld

Place of Business,

916 Green Mt Ave

Address,

1206 C. Parkman

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm.1132. Printed 10/27/2022.

Health Department, City of Baltimore.

Permit No. A 565 Office of Registrar of Vital Statistics. Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 22

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Samh Anthony

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Male

Age, 10 Years, 0 Months, 0 Days.

Color, Beo

Married, Single, Widow or ~~Widower~~, { Cross out the words not required in this line. } Single

Occupation, Be city

Birth Place, { State or country, and how long in the United States, if of foreign birth. } 10 mts

Duration of Residence in the City of Baltimore, 370

Place of Death, { Give Street and Number. } 315

Cause of Death, { First (Primary), Second (Immediate), } Boonchule

Duration of Last Sickness, 1 week

Place of Burial, Shops Cemetery

Date of Burial, June 23 1882

{ Undertaker, S. W. Chase } Be & Peller M. D.

{ Place of Business, 641 Howard } Address, 815 Lupton Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to the Regulations of the Board of Health.

Health Department, City of Baltimore.

Permit No. A 576 Office of Registrar of Vital Statistics. Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 22nd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary L. Houchens

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 3 Years, 3 Months, — Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give Street and Number. } 11 E Cor Chase & Canal Street

Cause of Death, { First (Primary), Cholera Infantum Second (Immediate), Exhaustion }

Duration of Last Sickness, Three (3) Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Ct

Date of Burial, June 24th 1887

{ Undertaker, Henry Hook & Son } S. Teroshman M. D. Medical Attendant.

{ Place of Business, 1023 N Calver Ave }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. A 567

Office of Registrar of Vital Statistics.

Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 22^d 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Hellie May Enser.

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, _____ Years, 4 Months, _____ Days

Color, White ✓

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City,

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 906 Hollins St

Cause of Death, { First (Primary), Second (Immediate), } Infant

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, June 24/87

{ Undertaker, J. B. Cook } John D. Pennington M. D. Medical Attendant.

{ Place of Business, 1003 W. Baltimore St } Address, 505 N. Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is respectfully requested.

Health Department, City of Baltimore.

Permit No. A 568 Office of Registrar of Vital Statistics. Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 22nd 87
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emilene Anderson
Sex, Male or Female, { Cross out the word not required in this line. }
Age, 11 Years, — Months, — Days

Color, White
Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Libertine

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto city Maryland

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give Street and Number. } 1921 Wilkins Ave

Cause of Death, { First (Primary), Congestion of Brain
Second (Immediate), Spasms }

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Wards Chapel Baltimore

Date of Burial, June 23rd 87 } B F Phillips M. D.

{ Undertaker, Geo B Cook } Medical Attendant.

{ Place of Business, 1003 W Baltimore } Address, 735 W Lombard

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[OVER]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS, BALTIMORE CITY, cm 1132, Printed 10/27/2022.

Health Department City of Baltimore.

Permit No. A 569 Office of Registrar of Vital Statistics. Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within 24 hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT THIS PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 22nd 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry W. Wilson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Sixty Years, White Months, 17 Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, _____

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Co. Md.

Duration of Residence in the City of Baltimore, Fine Years

Place of Death, {Give Street and Number.} 1728 Industrial

Cause of Death, {First (Primary), Chronic Bronchitis
Second (Immediate), Exhaustion

Duration of Last Sickness, Eight Months

All the above information should be furnished by the Physician.

Place of Burial, Park Tor Ball

Date of Burial, July 24/87

{Undertaker, W. H. Miller Medical Attendant, Deane Barclay M. D.

{Place of Business, Park Tor Md Address, 108 Conway St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A-570 Office of Registrar of Vital Statistics. Ward 15

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Unknown

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Unknown

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Unknown Years Unknown Months Unknown Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Unknown

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Unknown

Duration of Residence in the City of Baltimore, Unknown

Place of Death, { Give Street and Number. } Supposed to have been in Sunk of Room 802

Cause of Death, { First (Primary), Second (Immediate), } Supposed to Suffocation

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cemetery

Date of Burial, June 23rd 1887

Undertaker, Geo. Rinehart M. D.

Place of Business, Health Office Address, 403 N. Broadway

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[OVER.]